

YOUTH STATUS REPORT: ST. LOUIS, MISSOURI



COVENANT HOUSE INSTITUTE
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Youth Status Report

This report is part of an ongoing series providing data tables and comparative analysis of key indicators of youth well-being at the national, state, and where available, city or county levels. Each report targets a city where Covenant House has a program site. The Covenant House Institute produced this report in an effort to inform advocacy and service delivery efforts, specifically with regard to the following: program development, advocacy and fundraising initiatives, legislative recommendations, and raising awareness among local, state, and federal officials.



Since 1972, **Covenant House** has been providing residential and comprehensive support services to homeless, runaway, and at-risk youth. Throughout its diverse network of 21 program sites in Canada, Latin America, and United States, Covenant House assists over 70,000 youth each year.

Covenant House Institute is the advocacy, research, and leadership development arm of Covenant House. The Institute's purpose is to advance advocacy, research, and leadership development in the social service sector working with homeless, runaway, and at-risk youth. To learn more about the Covenant House Institute, visit <http://www.covenanthouse.org>.

We are grateful for the support of Kevin M. Ryan, President and CEO of Covenant House, James M. White, Covenant House Chief Operating Officer, and Bruce J. Henry, Executive Director of Covenant House Institute. We also thank Elisabeth Lean, Advocacy Consultant for Covenant House Institute, for her work on this report.

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INTRODUCTION

At the heart of Covenant House's mission is the commitment to serve and assist all homeless, runaway, and at-risk youth. In order to provide the highest quality services and advocacy for this population, Covenant House must draw upon the most current information available regarding youth well being on national, state, and local levels. Such indicators of well being include levels of poverty, educational attainment, employment, placement in foster care and juvenile justice systems, pregnancy, alcohol and substance use, and mental and physical health. Research conducted over the past decade has revealed strong associations between these indicators and youth homelessness.¹

The Covenant House Institute produced this report to inform service delivery and advocacy efforts, specifically with regard to program development, fundraising initiatives, legislative recommendations, and raising awareness among local, state, and federal officials. The findings in this report can play a pivotal role in determining priorities and developing strategies.

This report focuses on the status of youth in St. Louis.² It provides a comparative analysis of 24 indicators of well-being on the national, state, and, where available, city or county levels. While our analysis indicated many areas of need, we have highlighted the following key issues of particular concern:

Key Issues for Missouri:

- High percentage of 18-24 year olds who represent all 18-44 year olds without a high school diploma or GED equivalent (37%)
- High birth rates: ages 18-19 (83/1,000) and 20-24 (117/1,000)
- High percentage of monthly cigarette use among 18-25 year olds (43%)
- High percentage of monthly alcohol use among 18-25 year olds (66%)
- High percentage of monthly binge alcohol use among 18-25 year olds (47%)
- High percentage of 18-24 year olds who are not receiving annual dental care (35%)

Key Issues for St. Louis:

- High percentage of 18-24 year olds in poverty (26%)
- High percentage of 18-24 year olds without a H.S. diploma or GED (21%)
- High percentage of 16-19 year olds who do not have a H.S. diploma or GED and are not enrolled in school (10%)
- High percentage of 16-19 year olds who are not enrolled in school and are not working (17%)
- High rate of unemployment among 20-24 year olds (19.1%)
- High birth rates: ages 18-19 (113/1,000) and 20-24 (140/1,000)

¹ Toro, P. A., Dworsky, A., & Fowler, P. J. (2007). Homeless Youth in the United States: Recent Research Findings and Intervention Approaches. *National Symposium on Homelessness Research*, 6-1-6-33.

² Data has been gathered, computed, and extrapolated from various sources. Please note, due to variations in collection times, the data sets differ in years among the indicators. However, data in this report has been provided for the 4-5 most current years in which it is available. National data is used as a baseline from which to make comparisons, where appropriate, between the national and state data sets.

TABLES AND COMPARATIVE ANALYSIS

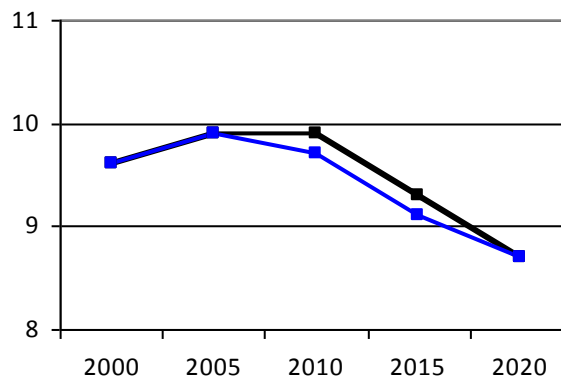
POPULATION

TABLE 1A: Population of 18-24 year olds

Year	United States	Missouri
2000	27,140,000	536,000
2005	29,160,000	572,500
2010	30,480,000	573,100
2015	30,000,000	551,600
2020	29,340,000	538,000

(Total number based on projections)

TABLE 1B: Population of 18-24 year olds



(Percent of total population)

As shown in Table 1A, between 2000 and 2020, the population of 18-24 year olds is expected to peak in 2010 at 30.5 million and then decline to 29.3 million by 2020. While Missouri will likely adhere to the same projections, the state will experience a minimal overall increase in the number of 18-24 year olds compared to year 2000's figures. As shown in Table 1B, by 2020, 18-24 year olds will represent less than 1 in 10 individuals both nationally and in Missouri. If these projections are accurate, the decline in the number of 18-24 year olds could have a significant impact on the economy as well as funding for programs designed to assist the needs of this population.

POVERTY

TABLE 2A: Percent of 18-24 year olds in poverty

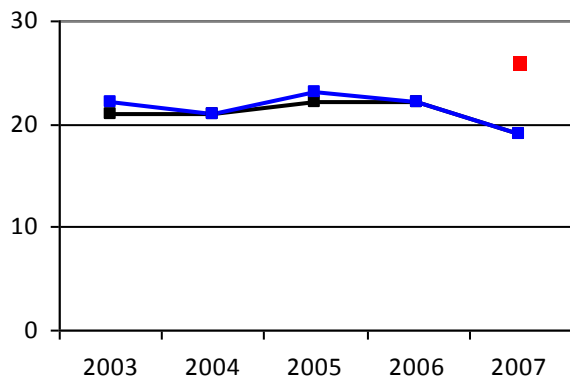
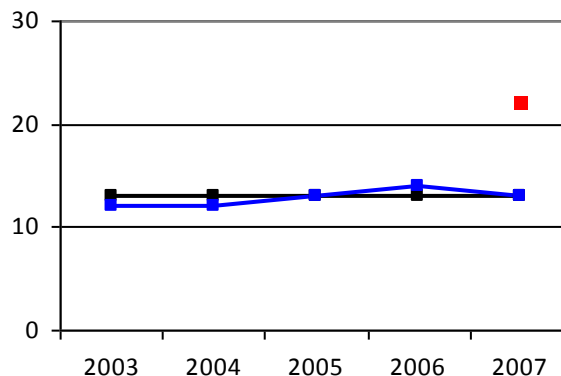


TABLE 2B: Percent of all individuals in poverty



From 2003-2007, the national and state percentages of 18-24 year olds in poverty peaked in 2005 and then declined to 19% in 2007 (see Table 2A). In comparison, St. Louis's percentage is 7 points higher with 1 in 4 of the city's 18-24 year olds living in poverty. As shown in Table 2B, the percentage of all individuals experiencing poverty remained stable from 2003-2007. With regard to Missouri, its percentage fluctuated slightly among the years presented. At 13%, it too is equal to the national average. Similarly, St. Louis's rate is greater than the state and national percentages at 22%. This is one of the highest rates among all cities in which Covenant House is located. As a result of the continued economic downturn and loss of jobs, one can anticipate a steady rise in the percentages of individuals experiencing poverty.

EDUCATION

TABLE 3A: Percent of 18-24 year olds without H.S. diploma or GED

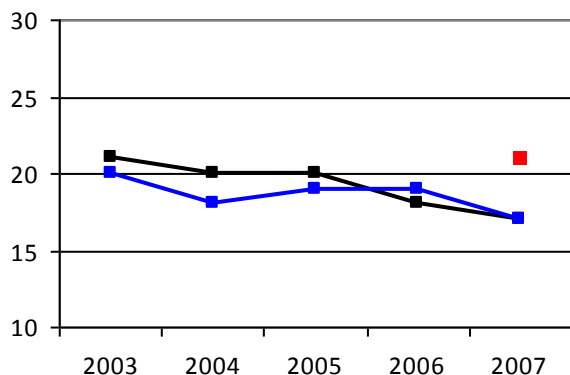
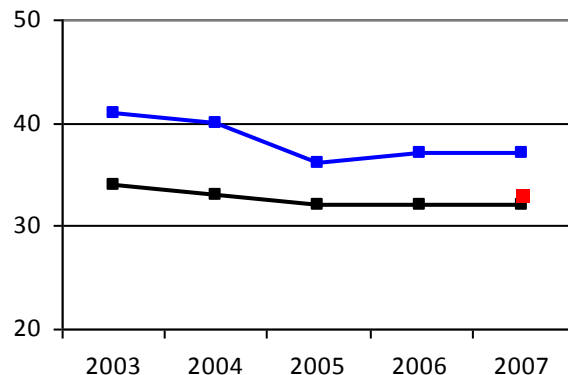


TABLE 3B: 18-24 year olds without H.S. diploma or GED



(Percent of 18-44 year olds without H.S. diploma or GED)

From 2003-2007, the percentage of 18-24 year olds who dropped out of high school declined by 19% on the national level and 15% in Missouri (see Table 3A). At 17%, the state's percentage is equal to the national average whereas that of St. Louis is 4 points higher at 21%. As shown in Table 3B, nationally, 18-24 year olds account for 32% of all individuals between 18-44 years of age who have dropped out of high school. While St. Louis's rate is in line with the national average, Missouri, at 37%, has one of the highest percentages among Covenant House jurisdictions. The lack of a high school degree significantly affects employability, earning potential, etc. With an increasing demand for an information-based work force, individuals without at least a high school diploma are unable to compete with today's highly-skilled labor pool.

TABLE 3C: Percent of 16-19 year olds without H.S. diploma or GED

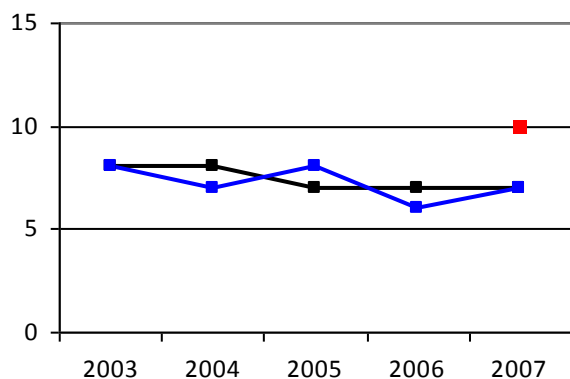
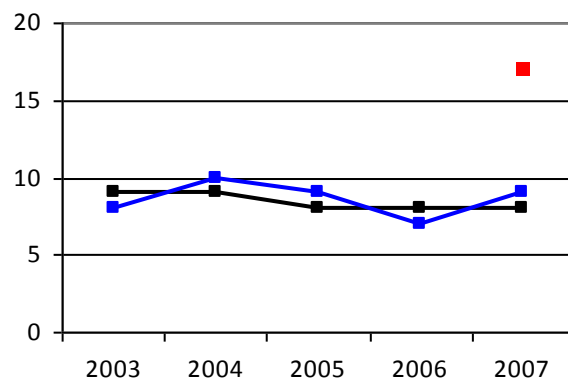


TABLE 3D: Percent of 16-19 year olds not working, not attending school



From 2003-2007, the percentage of 16-19 year old high school dropouts declined by 13% on the national level and in Missouri (see Table 3C). At 7%, the state's percentage is equal to the national average whereas that of St. Louis's is 3 points higher at 10%. As shown in Table 3D, the national percentage of 16-19 year olds not working and not attending school declined during the same period whereas Missouri's rate fluctuated by 1-2 points throughout the years presented. At 9%, Missouri's percentage is 1 point above the national average while that of St. Louis is almost twice the state's rate at 17%. This is the second highest rate among Covenant House cities.

EMPLOYMENT

TABLE 4A: Unemployment rates among 20-24 year olds

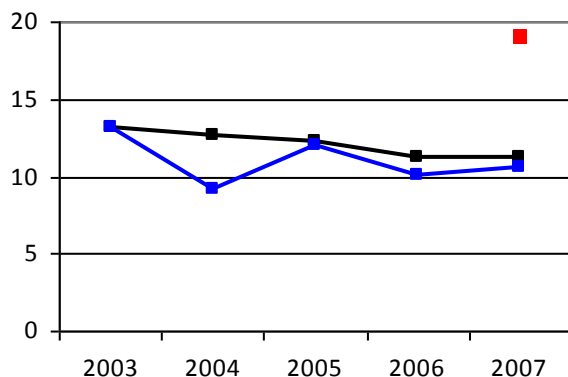
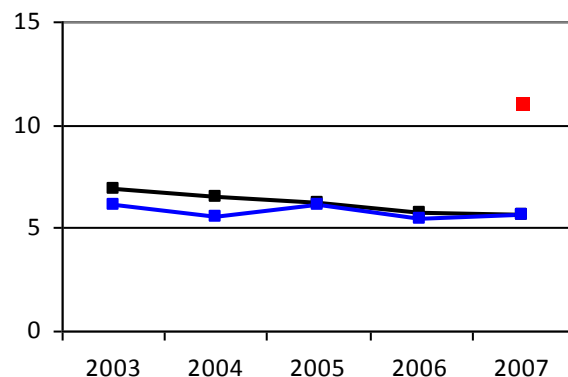


TABLE 4B: Unemployment rates among 20-64 year olds



Unemployment disproportionately affects 20-24 year olds with the national rate hovering around twice the unemployment rate for 20-64 year olds. As shown in Tables 4A and 4B, from 2003-2007, unemployment rates among 20-24 year olds and the full working adult population declined nationally and in Missouri. While the state's unemployment rate among all working adults is equal to the national average, its rate among 20-24 year olds is slightly less. With regard to St. Louis, 19.1% of its 20-24 year old population is unemployed compared to 11.0% of all the city's working adults. Both these rates are above the national and state averages and among the highest in comparison to all Covenant House cities. Given the current economic recession, it is anticipated the percentage of unemployed youth and older working adults will continue to increase throughout 2009.

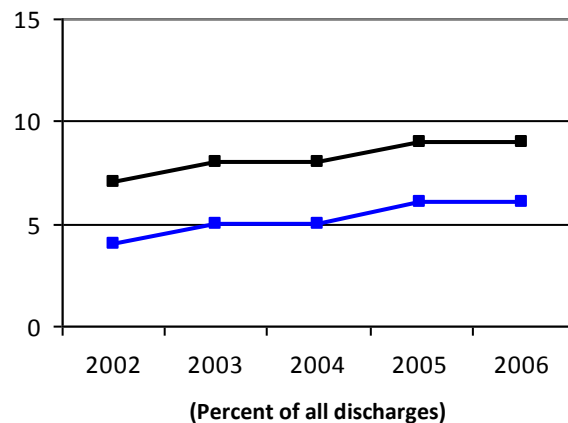
FOSTER CARE AND INSTITUTIONAL PLACEMENT

TABLE 5A: Individuals emancipating from care

Year	United States	Missouri
2002	19,604	275
2003	21,910	337
2004	22,718	329
2005	23,704	354
2006	24,871	379

(Total number)

TABLE 5B: Individuals emancipating from care



(Percent of all discharges)

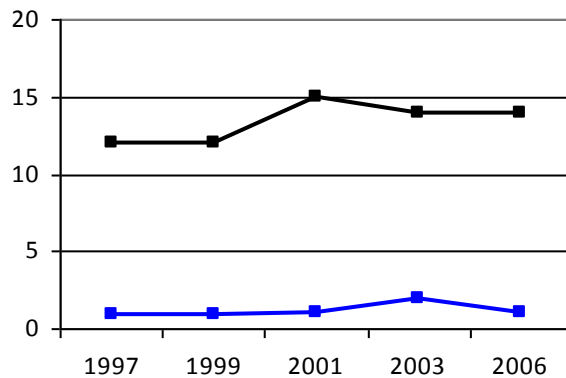
From 2002-2006, the number of individuals emancipating from out-of-home care increased by 27% nationally and by 38% in Missouri (see Table 5A). During this period, the overall number of emancipates in the state rose by 100. As shown in Table 5B, the percentage of individuals discharged from care due to emancipation has continued a slow, steady increase since 2002. At 6%, Missouri's percentage is 3 points below the national average and is the lowest among Covenant House jurisdictions.

JUVENILE RESIDENTIAL PLACEMENT FACILITIES

TABLE 6A: Juveniles 18+ in residential placement

Year	United States	Missouri
1997	12,649	9
1999	13,407	9
2001	16,069	15
2003	13,841	33
2006	13,115	15

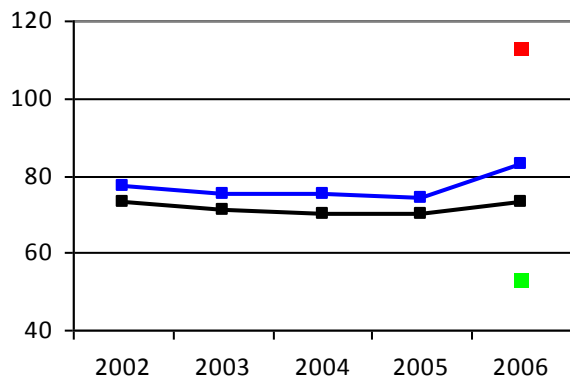
(Total number)

TABLE 6B: Juveniles 18+ in residential placement


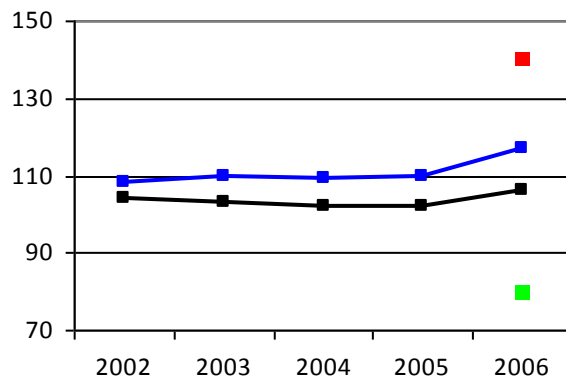
(Percent of all juveniles in placement)

While the overall number of individuals 18 years of age and older in juvenile residential placement peaked in 2001 at 16,000 and has since declined by 18%, the number of youth in these settings in Missouri has risen and fallen among the years (see Table 6A). While Missouri experienced an overall increase of 67%, it must be noted that the yearly total numbers are very low in comparison to Covenant House jurisdictions. As shown in Table 6B, despite the national decrease in youth in residential facilities, their overall representation in these settings has increased since 1997 such that 1 in 7 individuals is 18 years of age or older. Conversely, Missouri's percentages have held steady. At 1%, it is 13 points below the national average. However, it must be taken into account that under Missouri's juvenile code, individuals 17 years of age and older are considered adults.

BIRTH RATES

TABLE 7A: Birth rate among 18-19 year old females


(Per 1,000 18-19 year old females)

TABLE 7B: Birth rate among 20-24 year old females


(Per 1,000 20-24 year old females)

From 2002-2005, the birth rates among 18-19 year olds and 20-24 year olds steadily declined on the national level (see Tables 7A and 7B). While Missouri's rate among 18-19 year olds followed the national trajectory, its rate among 20-24 year olds decreased through 2004. However, since then, each locale has experienced an increase in both rates. Whereas Missouri's birth rates are respectively 14% (among 18-19 year olds) and 10% (among 20-24 year olds) greater than the national averages, those of St. Louis County are significantly lower. Conversely, when considered separate from its county, St. Louis (city) has exceedingly high birth rates that are 60% (among 18-19 year olds) and 20% (among 20-24 year olds) above the state averages. Caution must be used in comparing these results to other Covenant House locales as St. Louis and Anchorage are the only two cities for which birth data among 18-19 and 20-24 year olds is available from the same source as used to calculate national and state birth rates.

SUBSTANCE USE

TABLE 8A: Percent of 18-25 year olds who report monthly cigarette use

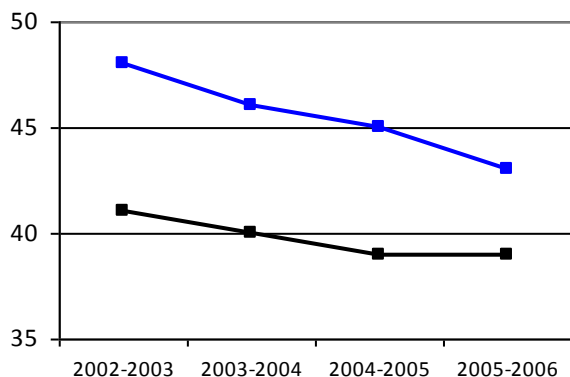


TABLE 8B: Percent of 18-25 year olds who report monthly marijuana use

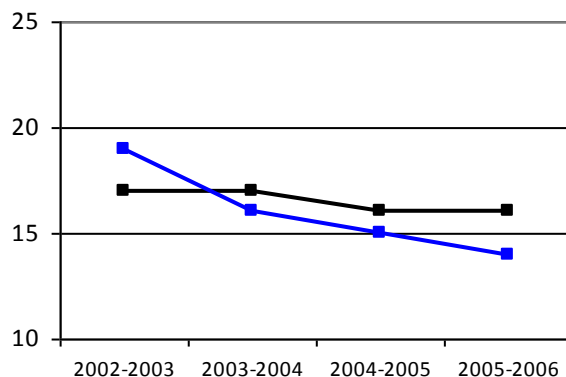
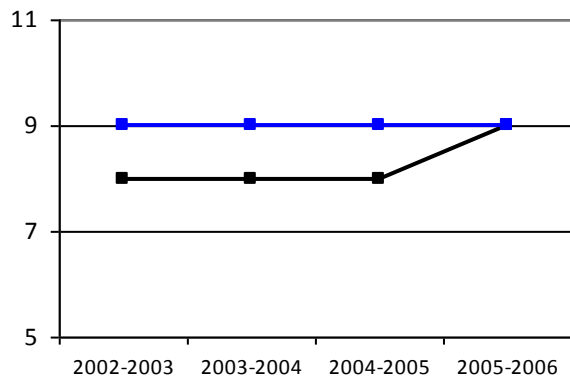


TABLE 8C: Percent of 18-25 year olds who report monthly illicit drug use (not marijuana)



Since 2002-2003, cigarette use among 18-25 year olds has declined by 5% nationally and 10% in Missouri (see Table 8A). However, at 43%, Missouri has the second highest percentage of 18-24 year old smokers among Covenant House jurisdictions. The overall percentage of youth who report having used marijuana in the past month moderately decreased on the national level whereas Missouri's rate dropped by 26% (see Table 8B). At 14%, it is 2 points less than the national average. As shown in Table 8C, the national percentage of 18-25 year olds who have used any illicit drug (other than marijuana) in the past month increased by 1 point while Missouri's held steady. At 9%, the state rate is equal to that of the nation.

ALCOHOL USE

TABLE 9A: Percent of 18-25 year olds who report monthly alcohol use

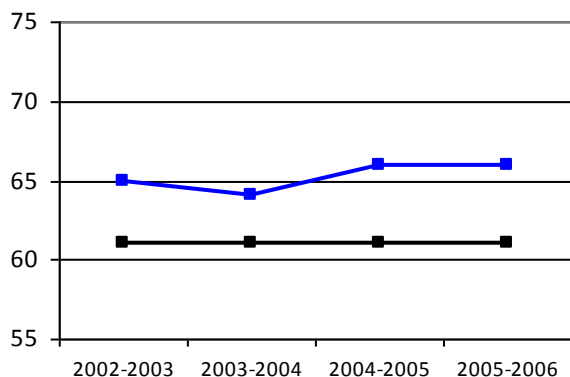
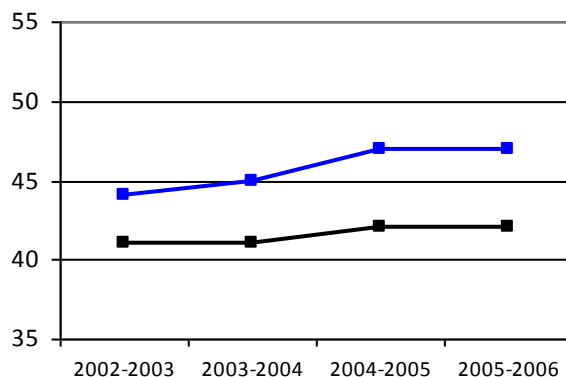


TABLE 9B: Percent of 18-25 year olds who report monthly binge alcohol use



Since 2002-2003, alcohol use among 18-25 year olds has remained stable at 61% whereas Missouri's percentage increased minimally by 2% (see Table 9A). At 66%, Missouri's rate is 5 points higher than the national average. As shown in Table 9B, binge alcohol use among 18-25 year olds increased by 2% nationally and 7% in Missouri. At 47%, the state's rate is 5 points above the national average. Both Missouri percentages are among the highest with regard to all jurisdictions in which Covenant House is located. However, additional demographic information is needed in order to determine the makeup of this population (e.g. how much of this drinking is occurring among college/university students as well as those who are under age 21).

MENTAL HEALTH

TABLE 10A: Percent of 18-24 year olds who report frequent mental health distress

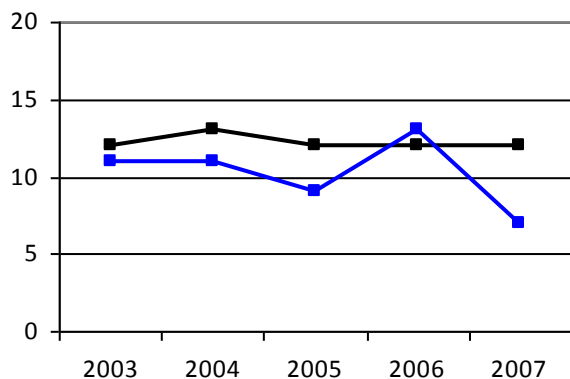
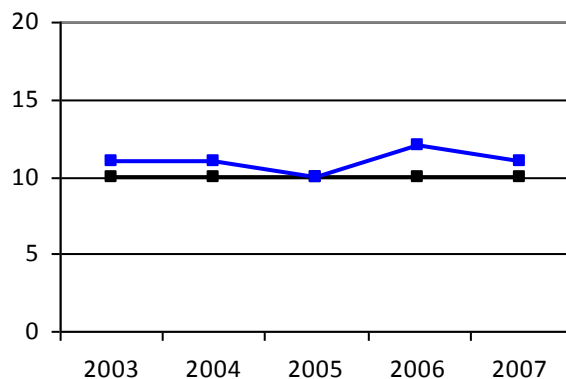


TABLE 10B: Percent of individuals 18+ who report frequent mental health distress



From 2003-2007, the percentages of 18-24 year olds and individuals 18 years of age and older reporting frequent mental health distress have remained relatively stable (see Tables 10A and 10B). With regard to mental health distress among 18-24 year olds, Missouri's rate peaked in 2006 at 13% before declining to 7% in 2007. Caution must be exercised in interpreting these results as the data was culled from self reports, and additional information is needed with regard to the factors that may have influenced this rapid decline. Mental health distress among the state's 18+ population has varied slightly throughout the years. At 11%, it is 1 point above the national rate.

HEALTH

TABLE 11A: Percent of 18-24 year olds without health care coverage

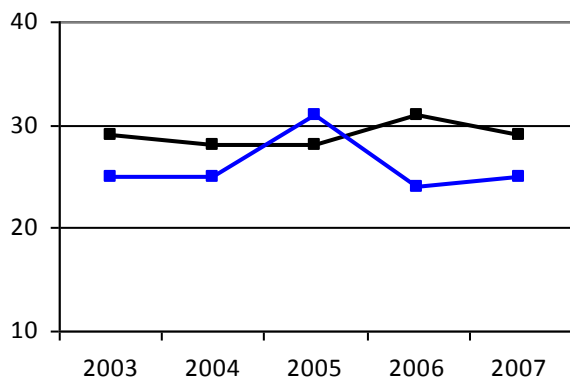
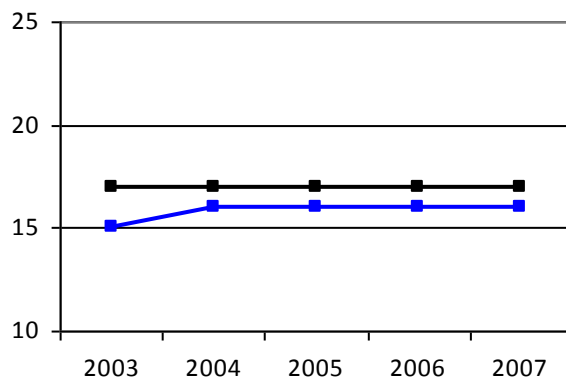


TABLE 11B: Percent of 18-64 year olds without health care coverage



From 2003-2007, the percentages of 18-24 and 18-64 year olds without health care coverage have remained relatively stable (see Tables 11A and 11B). However, 18-24 year olds who lack health coverage represent the largest percentage of individuals within their age group without health insurance. While Missouri's percentage of youth without health coverage has fluctuated between 1-7 points throughout the years presented, at 25%, it is 4 points below the national average. Yet, 1 in 4 of the state's 18-24 year olds lacks health insurance compared with slightly less than 1 in 6 individuals between ages 18-64. Without coverage, youth have limited to no access to health care, including mental health care. Thus, they are rendered susceptible to preventable ailments, undiagnosed conditions, and overall poor health.

DENTAL

TABLE 12A: Percent of 18-24 year olds who have not seen a dentist in the past year

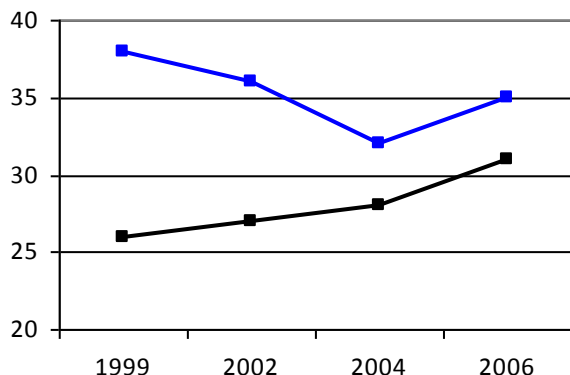
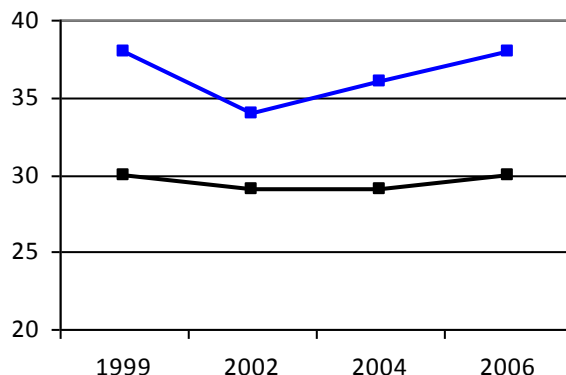


TABLE 12B: Percent of individuals 18+ who have not seen a dentist in the past year



Poor dental health can lead to a variety of health problems, including heart disease and death. From 1999-2006, the national percentage of 18-24 year olds who have not see a dentist in the past year has increased 19% whereas the rate among all individuals 18 years of age and older remained relatively stable (see Tables 12A and 12B). Missouri experienced a 6 point decline in the percentage of 18-24 year olds receiving annual dental care between 1999 and 2004. Since then, its rate has risen to 35% which is greater than the national average and among the highest with regard to all jurisdictions in which Covenant House is located. While the percentage of all individuals 18 years of age and older who have not had annual dental care in Missouri dipped in 2002, its rate has returned to its 1999 level of 38%- the highest among Covenant House jurisdictions. More than 1 in 3 18-24 year olds and nearly 2 in 5 individuals 18+ in Missouri have not seen a dentist in the past year.

CAUSES OF DEATH

TABLE 13A: Deaths due to homicide among 18-24 year olds

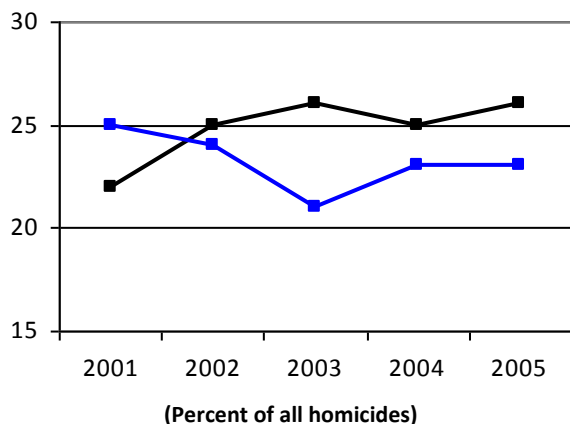


TABLE 13B: Deaths due to suicide among 18-24 year olds

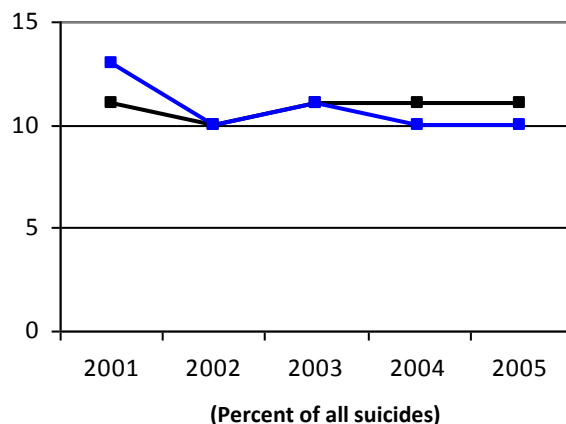
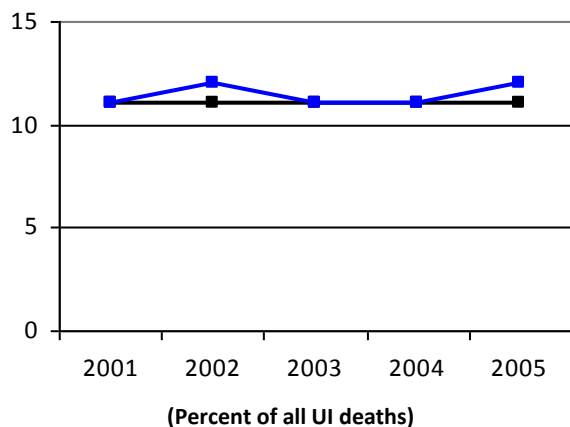


TABLE 13C: Deaths due to unintentional injury among 18-24 year olds



The three leading causes of death for 18-24 year olds are unintentional injury (vehicular accidents, suffocation, drowning, falls, fires/burns, poisoning, etc.), homicide, and suicide. From 2001-2005, the percentage of 18-24 year olds who account for all homicide victims increased by 18% nationally whereas Missouri's rate declined by 8% (see Table 13A). At 23%, it is 3 points less than the national average. As shown in Table 13B, the percentage of 18-24 year olds who account for all suicide victims has remained relatively stable on the national level but has decreased by 3 points in Missouri. At 10%, the state's percentage is slightly below the national rate. Similar to suicide rates, the percentage of youth victims of unintentional injury has hovered at 11% (see Table 13C). Missouri's percentage has fluctuated throughout the years presented and at 12%, it is 1 point above the national average.

CONCLUSIONS

Broad analysis of the indicators presented in this report reveal that youth in St. Louis are vulnerable to experiencing poverty, low educational attainment, unemployment, early parenthood, and alcohol and substance abuse— all of which can contribute to youth becoming and remaining homeless. Yet, each risk factor cannot be viewed in isolation. To most effectively address the comprehensive needs of homeless and at-risk youth, a multifaceted approach must be undertaken that focuses on the following:

- **Interconnected relationship between education, employment, poverty, and community development:** Educational attainment, employability, and poverty are all intricately intertwined. Analysis of data compiled by the National Center for Education Statistics³ clearly reveals that young adults (ages 25-34) who have less than a high school education earn significantly less per year than those who have a high school diploma or GED equivalent. As of 2006, the average annual income among full-time workers who had less than a high school education was \$22,000 compared to \$29,000 for workers who had a high school diploma or GED equivalent. African-American young adults with less than a high school education face much bleaker prospects with their annual income averaging \$18,000. This is significant as 49% of St. Louis's population is African-American. In addition, 18-24 year olds in Missouri account for nearly 2 in 5 high school dropouts between ages 18-44. As stated by the Alliance for Excellent Education⁴, communities with high numbers of individuals who have less than a high school education are at a disadvantage when it comes to drawing interest from new businesses to locate to the area. Thus, it is crucial to develop, invest, and expand educational programs that encourage youth to complete their studies.
- **Challenges of early parenthood:** Poverty, low educational attainment, and unemployment, coupled with the absence of child care resources and poor coping strategies, hinder young parents' ability to provide and care for their children. As such, children of homeless young mothers are vulnerable to experience repeated episodes of homelessness, abuse and neglect, involvement in the child welfare and juvenile and criminal justice systems, and poor health outcomes. Ample supports should be made available in order to ensure young mothers and fathers have the opportunity to thrive as parents, providers, and contributing members of society.
- **Outcomes of sustained alcohol and substance abuse:** Youth who engage in prolonged abuse of alcohol and drugs are more likely to experience physical and mental health-related problems, school failure, delinquency, involvement in the juvenile justice system, early and unplanned pregnancies, and alcohol- and drug-related violence. Undoubtedly, youth need access to treatment services that are affordable and impart timely, high quality care. However, youth between ages 18-24 represent the largest percentage of individuals within their age bracket who do not have health insurance. Hence, legislation and programs that specifically

³ Planty, M., Hussar, W., Snyder, T., Provasnik, S., Kena, G., Dinkes, R., et. al. (2008). *The Condition of Education 2008* (NCES 2008-031). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

⁴ Amos, J. (2008). *Dropouts, Diplomas, and Dollars: U.S. High Schools and the Nation's Economy*. Alliance for Excellent Education: Washington, DC.

increase at-risk youth's access to health care, including substance abuse treatment, is greatly needed.

- **Access to affordable, quality dental care services:** According to the Centers for Disease Controls latest figures, 35% of Missouri's 18-24 year olds have not seen a dentist in the past year.⁵ The importance of good oral health and its direct impact on overall physical well-being cannot be overstated. Tooth decay can result in the need to undergo painful extractions and the onset of periodontal disease, which, if left untreated, can lead to additional and more serious health problems including heart disease, respiratory illnesses, and strokes, as well as exacerbate chronic conditions such as diabetes and high blood pressure. As one study noted, homeless adults are twice as likely to suffer from tooth decay in comparison to the overall adult population.⁶ However, uninsured individuals, especially those experiencing homelessness, have limited to no access to dental care. Thus, it is imperative to ensure all at-risk youth have access to comprehensive oral health services.

⁵ Centers for Disease Control and Prevention. (n.d.). Behavioral Risk Factor Surveillance System Survey Data, 2006.

⁶ Gelberg, L., Linn, L.S., & Rosenberg, D.J. (1988). Dental Health of Homeless Adults. *Special Care in Dentistry* 8: 167-172.

DATA SOURCES

Population (2000, 2005, 2010, 2015, 2020)

U.S. Census Bureau, Population Division. (2005). Table B1: The Total Population by Selected Age Groups. In *Interim State Population Projections, 2004-2030*. Washington, DC: Author.

Note: Percent of total population has been manually calculated.

Poverty (2003-2007)

U.S. Census Bureau. (2007). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2007 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2006). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2006 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2005). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2005 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2004). Table B17001: Poverty Status in the Past 12 Months by Sex by Age. In *2004 American Community Survey*. Washington, DC: Author.

U.S. Census Bureau. (2003). Table P114: Poverty Status in the Past 12 Months by Sex by Age. In *2003 American Community Survey*. Washington, DC: Author.

Note: All percents have been manually calculated.

Education (2003-2007)

U.S. Census Bureau. (2007). Tables B14005: Sex by School Enrollment by Educational Attainment by Employment Status for the Population 16 to 19 Years and B15001: Sex by Educational Attainment for the Population Age 18 Years and Over. In *2007 American Community Survey*. Washington, DC: Author.

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Notes: All data has been manually calculated. While the CDC makes county and city birth rate data available for St. Louis, it does not provide population data outside of national and state information. However, the CDC obtains this data from the Census Bureau. In order to calculate St. Louis City and County's birth rates among 18-19 and 20-24 year olds, population data was obtained from the American Community Survey.

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